

To ensure your grant application is complete, please use this information to check off requirements and inclusions. Please make sure to read the GRANT GUIDELINES for additional details about the checklist.

Applications **will be considered as incomplete** if the following forms are not filled.

1. [Volunteer Hours Form](#)
2. [W9 Form](#)
3. [NCP Grant Group Registration Form](#)
4. [NCP Grant Grantee Agreement](#)

Please contact for any questions:
Memphis Area Neighborhood Watch/RTCC
Division of Police Services
2714 Union Ext., Suite 635
Phone - 901-568-6269/901-636-2108

View more information about the neighborhood grant and view the application here <http://www.memphistn.gov/ncp>

Now accepting applications starting September 2, 2020 through November 16, 2020 by 4:00 p.m.



The Neighborhood Crime Prevention Grant

APPLICATION

PLEASE RESPOND TO ALL OF THE QUESTIONS, following the same order as this application. **NOTE: *If you are a past Neighborhood Crime Prevention Grant grantee:*** 1) please fill out this application as if it were your first time applying for a grant from us; 2) if you received a Neighborhood Crime Prevention Grant in the past year, please check to make sure that you submitted a final report for those grants. ***Our office will not be able to consider your application otherwise.***

SECTION 1: GENERAL INFORMATION

1. What is the name of your group organization and the group's organization mailing address? (Please keep this name the same throughout the application)

2. What does your group need funding dollars for? What will be the name of your project? (Refer to guidelines p.6)

3. Please list two contact names for your group, including working phone numbers and emails. Both contact persons should be able to discuss the application, as we may call for more information.

4. Please indicate where your project will take place by listing the project address site, any street addresses, and any block locations. You may attach any documents to help show the address.

5. What is the total amount of grant funds your group is requesting? (Maximum you can request is \$2,500) (Refer to guidelines p.6)

6. Will these funds cover the entire project, or will they support a larger project? Please explain in detail.

SECTION 2: TELL US MORE ABOUT YOUR GROUP

1. Which neighborhood(s) benefit from your organization? Please explain in detail and include a description of the neighborhood boundaries.

2. Does your group have a social media page or website? If yes, please provide the site information.

3. Has your group received a grant from Memphis Area Neighborhood Watch, or any other City of Memphis service center, in the past? If yes, what year(s)?

Please include grant award date and amounts. If your group has not received a grant from Memphis Area Neighborhood Watch or any other City of Memphis agency, please indicate with "N/A". (Refer to guidelines p.5)

Awarding Organization	Award Date	Award Amount

4. Please list all sources of cash funding your group received in the past 12 months, including Neighborhood Crime Prevention Grant funds. Indicate the sources and amount. Be sure to include membership dues, funds raised at events, governmental funding, private donations, etc. If your group has not received any cash funding in the past 12 months, please state that below.

Sources of Cash Funding	Amount
Total Amount of cash Funding	

5. Please list all sources and types of non-cash support your group has received in the past 12 months. Indicate the sources and the types of non-cash support. For example: donations of equipment or food, materials, space, etc. If your group has not received any non-cash support in the past year, please state that.

Sources of In-Kind Support	Type of In-Kind Support

SECTION 3: TELL US ABOUT YOUR CRIME PREVENTION PROJECT

1. Describe your project and its goals in detail. Why will your neighborhood benefit from this project? How will you be able to start and finish this project? (Refer to guidelines p.6)

2. What need(s) in your community will this project fill? (Refer to guidelines p. 6)

3. Please provide an estimation of how many neighbors and community members will benefit from your crime prevention project.

4. Describe in detail, how the project addresses the needs of crime prevention. How is your project a crime prevention project for your neighborhood?

5. How will you measure the success of this project?

6. How will you conduct outreach to involve other members of your community in the project, especially those providing the same services or serving the same clientele? How will you include them to help you?

7. **List any organizations, agencies, or businesses providing additional support.** Please list any outside support agencies and include any letters (optional) of support/commitment with your grant application.

8. How will you fund and operate the project after grant funds have been spent?

SECTION 4: WORK PLAN AND TIMELINE

1. Provide us with a work plan and timeline. If the project centers on a single event on a specific date, list all the actions leading up to the event.

Timelines must be a proposed schedule of dates for the project task to be completed AFTER the distribution of funds.	Dates Covered	Person Responsible
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

2. Please list an approximate date by which the project will be completed. Project completion date should be 12 months from the grant award disbursement. (Refer to guidelines p.6)

SECTION 5: PROJECT BUDGET & REQUESTED GRANT AMOUNT

1. Tell us how much your project will cost and how much your group is requesting. Please detail all cash expenses related to your project. The maximum award amount is \$2,500. **NOTE: A maximum amount of \$200**

can be spent on food during your grant year. This includes National Night Out and meeting refreshments. Additionally, National Night Out events can only be funded in the grant cycle that proceeds the National Night Out date. This means that you can only apply for NNO Events during the first cycle of the year. (Refer to guidelines p.4)

BUDGET TABLE

Item description	Cost of item	Quantity	Total
Total			

SECTION 6: NEIGHBORHOOD CRIME PREVENTION GRANT CHECKLIST

DO NOT SKIP THIS SECTION

To ensure your grant application is complete, please use this information to check off requirements and inclusions. **Please make sure to read the GRANT GUIDELINES** for additional details about the checklist below. **NOTE: The person(s) responsible for leading this project must sign the end of the checklist.**

☐ I understand and have read the Neighborhood Crime Prevention Grant guidelines and compliance responsibilities.

☐ Attend Neighborhood Watch Training as offered by the Memphis Police Department. *(Please contact your local precinct Neighborhood Watch Coordinator for this step).* **If you are a faith-based organization, you are not required to do this step, but you are encouraged to connect with your local station.**

☐ Attend a Neighborhood Crime Prevention Grant Workshop as offered by Memphis Area Neighborhood Watch. (This is our workshop on how to apply for the Neighborhood Crime Prevention Grant. Attendance is recorded at these workshops)

Attach the following documents:

- ☐ All applicants will need to have a valid checking account in the group's organization name to deposit any funds awarded to your group.
- ☐ Letter from the Precinct Commander verifying (MPD) Neighborhood Watch Training. Faith based groups and not for profits are not required to attach a letter.
- ☐ A certificate of attendance verifying your Memphis Area Neighborhood Watch, How to apply for the Neighborhood Crime Prevention Grant training
- ☐ Other attachments

Applicant Signature

Signature: _____

Date: _____

Full Name: _____

Volunteer Hours Form

Please list all volunteers who will participate in the project (include yourself). List the names of the members who will volunteer hours of service to fulfill the required match for the grant funds. The virtual rate for volunteer service is \$23.07.

NOTE: All volunteers must sign below indicating they agree with the information provided.

If volunteers are serving for a specified amount of time (less than the full 12 months), please indicate that information. If you are requesting less than the maximum amount, please provide the equivalent volunteer hours.

- Please attach an additional page if necessary.*

Name of Volunteer	Signature of Volunteer	Volunteer Tasks, Number of Volunteer Hours	Address, Phone Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Total Hours:			

_____/____/____
Leader / President Date

_____/____/____
Assistant Leader / President Date

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

<div> <div>on page 3.</div> <div>See</div> </div>	<div>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</div> <div>Click here to enter text.</div>	
	<div>2 Business name/disregarded entity name, if different from above</div>	
	<div>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</div> <div> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </div> <div> <div>5 Address (number, street, and apt. or suite no.) See instructions.</div> <div> <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ </div> <div> Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. </div> <div> <input type="checkbox"/> Other (see instructions) ▶ </div> </div>	<div>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</div> <div>Exempt payee code (if any) _____</div> <div>Exemption from FATCA reporting code (if any) _____</div> <div>(Applies to accounts maintained outside the U.S.)</div>
<div>6 City, state, and ZIP code</div> <div>Click here to enter text.</div>	<div>7 List account number(s) here (optional)</div> <div>Click here to enter text.</div>	

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-					
--	--	--	---	--	--	---	--	--	--	--	--

or

Employer identification number

			-							
--	--	--	---	--	--	--	--	--	--	--

Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise

noted.

Future developments. For the latest information about developments

- Form 1099-DIV (dividends, including those from stocks or mutual funds)

- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

- Form 1099-B (stock or mutual fund sales and certain other

transactions by brokers)

- Form 1099-S (proceeds from real estate transactions)

after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption

taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)

- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Neighborhood Crime Prevention Grant Group Registration Form



Group or Org or Faith Based name _____ Date: _____
 Area/Community: _____ # of Members: _____ Zip Code: _____
 How long has your group or org. been active? _____

List Area Boundaries / Streets

North: _____ South: _____
 East: _____ West: _____
 Number of houses: _____

Is your group registered with Memphis Police Department? ☐ Yes ☐ No

If yes, do you attend your monthly NW meetings? ☐ Yes ☐ No

Are you a faith based organization or a non- business? ☐ Yes ☐ No

Are you registered at your precinct as the name listed above? ☐ Yes ☐ No

If no, please provide name: _____

Leader/President: _____	
Address: _____	Address 2: _____
City: _____ State: _____ Zip: _____	Phone: _____
Email: _____	
Assistant Leader/President: _____	
Address: _____	Address 2: _____
City: _____ State: _____ Zip: _____	Phone: _____
Email: _____	

Precise Meeting Date(s): _____

☐ Weekly ☐ Bi-Weekly
☐ Monthly ☐ Quarterly ☐ Annually
 Time: _____
☐ am ☐ pm

Exact Meeting Address : _____

Have you shared your meeting dates and times with your local precinct NW Coordinator? ☐ Yes ☐ No

Which issues are your group's major problem areas? (Check all that apply)

☐ Assault ☐ Drugs ☐ Gangs ☐ High/Increased Crime
☐ Prostitution ☐ Theft/Robbery ☐ Vandalism ☐ Other (list)

I (we) affirm the above information to be correct and hereby agree to abide by the rules and guidelines of Memphis Area Neighborhood Watch / NCPG. We agree to share our group / organization meeting dates and times yearly with the local precinct and the Grant office.

_____/_____/_____
 /_____
 Leader / President Date Assistant Leader / President Date

**Memphis Area Neighborhood Watch
Neighborhood Crime Prevention Grant
Grantee Agreement**

I/We _____ agree to abide by the terms of the Neighborhood Crime Prevention Grant and fully complete the proposal outline by our neighborhood group or association as listed in the Neighborhood Crime Prevention Grant application. All grant guidelines are understood by our group and upon application approval, our group agrees to be in compliance with all reporting.

I/We understand the importance of and agree to submit two reports in 12 Months of receiving NCPG funds as requested by Memphis Area Neighborhood Watch. **I/We understand that these reports must include receipts** of any and all items purchased with monies obtained from the Neighborhood Crime Prevention Grant totaling the any awarded amounts to your group.

I/We understand that if leadership changes or someone moves, the project will still be carried out in the neighborhood that is listed in this application.

I/We understand Memphis Area Neighborhood Watch has the right to capture, reproduce, and publish audio or visual media of my neighborhood association or group. This entire agreement is only valid if your group application has been approved for funds.

Name of Organization: _____

Organization Address: _____

Contact Number: _____

Email Address: _____

Applicant Name: _____

Applicant Signature: _____

Date: _____

